

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

Do not use this space.

1. PLACE OF DEATH

County Jackson
Township Rail
City St. Louis

Registration District No. 399

Primary Registration District No. 1002

File No. 52002

Registered No. 52002

2. FULL NAME

(a) Residence. No. 1234

(Usual place of abode)

Ward. 12

(If nonresident give city or town and State)

Length of residence in city or town where death occurred 4 yrs. 0 mos. 0 ds.

How long in U.S., if of foreign birth? 4 yrs. 0 mos. 0 ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female

4. COLOR OR RACE White

5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OR (OR) WIFE OF Lie T. Holybee

6. DATE OF BIRTH (MONTH, DAY AND YEAR) March 5 186

7. AGE

YEARS 20

MONTHS 11

DAYS 20

IF LESS than 1 day, 0 hrs. 0 min.

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Housewife

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN)

(STATE OR COUNTRY) St. Louis Mo

10. NAME OF FATHER Isaac Odell

11. BIRTHPLACE OF FATHER (CITY OR TOWN)

(STATE OR COUNTRY) St. Louis Mo

12. MAIDEN NAME OF MOTHER Lucinda Jones

13. BIRTHPLACE OF MOTHER (CITY OR TOWN)

(STATE OR COUNTRY) St. Louis Mo

14.

INFORMANT Lie T. Holybee

(Address) St. Louis Mo

15.

FILED 7/26

19 28

M. M. Green

REGISTRAR

Acce

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Feb 25 1928

17.

HEREBY CERTIFY That I attended deceased from Jan 30, 1928, to Feb 25, 1928

and last saw him alive on Dec 25, 1928, and that death occurred, on the date stated above, at 415 a m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Cerebral Hemorrhage
Thrombosis right

Gangrene right foot (duration) 26 ds.

CONTRIBUTORY (SECONDARY) Thrombosis right foot (duration) 19 ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH.

DID AN OPERATION PRECEDE DEATH? no DATE OF —

WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS?

(Signed) A. Jones

2-25, 1928 (Address) 1019 Apple St. St. Louis Mo

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL

DATE OF BURIAL

St. Louis Mo

7/26 28

20. UNDERTAKER

ADDRESS

W. M. West

1215 Cont St

